

# Involuntary Commitment Checklist

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Name of Client: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Emergency Detention: \_\_\_\_\_ Professional that Detained: \_\_\_\_\_

Date of Petition: \_\_\_\_\_ MCA § cited in Petition: \_\_\_\_\_  
\_\_\_\_\_

Initial Interview with Client: \_\_\_\_\_ Advised of Atty/Client relationship: \_\_\_\_\_

Date of Initial Client Letter: \_\_\_\_\_ Explained Rights to Client: \_\_\_\_\_

Records Requested from: \_\_\_\_\_ Date Records Reviewed: \_\_\_\_\_

Prior medical treatment (when/where): \_\_\_\_\_  
\_\_\_\_\_

Date of Initial Hearing: \_\_\_\_\_ Was Detention Requested by CA? \_\_\_\_\_

Argument presented at Detention Hearing: \_\_\_\_\_  
\_\_\_\_\_

Least Restriction Alternative Available: \_\_\_\_\_

Friend of Respondent considered: \_\_\_\_\_

Date of Hearing on Petition: \_\_\_\_\_ Jury Trial Considered? \_\_\_\_\_

State's Evaluator: \_\_\_\_\_ Diagnosis of Evaluator: \_\_\_\_\_

Second Opinion? \_\_\_\_\_ If no, why not? \_\_\_\_\_

Diagnosis of Second: \_\_\_\_\_

Witnesses: \_\_\_\_\_  
\_\_\_\_\_

Disposition Hearing bi-furcated? \_\_\_\_\_ Argument presented at disposition: \_\_\_\_\_  
\_\_\_\_\_

Date Order Reviewed for statutory compliance: \_\_\_\_\_

Date of Closing Letter to Client? \_\_\_\_\_ Client advised of right to appeal? \_\_\_\_\_

Were any rights waived, if so, which ones and why? \_\_\_\_\_  
\_\_\_\_\_

Treatment Plan/Discharge Plan Reviewed: \_\_\_\_\_